If mad blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, R.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 0 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4429
1. PLACE OF DEATH	(81) h / / h
County Domors of	Registration Dist. No. 264
Village or City Oppor Co. 11 Tyles	NoSt,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
	MAR If U. S. Veteran, specify WAR
(a) Residence: No. Upper 6: (1, 71/2)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Col S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Vi 20 42 2	21. DATE OF DEATH Abril 10 (Day) (Tear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 130 bort 6. 13088	22. I HEREBY CERTIFY, That I attended deceased from Planch 31,1937., to Abril 10,1937.
6. DATE OF BIRTH (month, day, and year) - 1885	1 list saw her elive on April 2 , 1937; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 9: 20 Am.
52 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trada, profession, or particular kind of work done, as SPINNER to case with a	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9.Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and this occupation (month and this occupation).	Bulbat lavelysis 3/20/2
10. Data deceased last worked at this occupation (month end yaar)	
12. BIRTHPLACE (city or town) Stociator (State or country) Transcription	Other Coatribatory Causes of importance:
707	
14. BIRTHPLACE (city or town) Stocktock	Neme of operation
(State of country)	What test confirmed diagnosis? Was there en eutopsy?
16. BIRTHPLACE (city or town) Stack town	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
17. INFORMANT Poulliby 13. Wilsow	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Upper Poill TIA	
Placa Myles attill Date Pyst/4., 1937	Manner of Injury
19. UNDERTAKER Graham Waters	24. Was disease or injury in eny way related to occupation of deceased?
(Address)	If so, specify
20. FILED UMT4, 1937 ST. G. Wickings	(Signed). Older S. Mannar M. D. (Address) Park Son D. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II	
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	SECFIVEU	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 4 1937	July 5, 1927	Peritonitis	3 days ago
	REPEAU V. S.			
Other contributory	auses of importance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 5 1937	July 5,1927	Peritonitis	3 days ago
BUPFAU V. S.			
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE mation sl

item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	. 0	93.0	
County Longer	X	Registration Dist. No.	270
Village or City Cressi	eld	No.	St., Ward
		death occurred in a hospital or institution, give its NAME instead	of street and number)
Length of residence in city or town where deal	th occurredyrsmos	ds. How tong in U.S. if of foreign birth?yr	s ds.
2. FULL NAME gaeot o	J. 12yrd.	If U. S. Veteran, specify WAR	
(a) Residence: No. Crists	Id II DITIO	St., Ward,	
	(Usual place of abode)	If nonresident give city	or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF D	DEATH
3. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH Offel	5-ch, 193 y
Sa. If married, widowed, or divorged and	2	(Da	y) (Year)
HUSBAND of pallie 6	· Byrd,	22. I HEREBY CERTIFY, That	
(7)	- A 100-1	august , 1936 , to aget.	15 , 1987
6. DATE OF BIRTH (month, day, and year)	ee 13 m 1856	I last saw harman aliva on aliva on	, 19_3.7; daath is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2 5 m.	
80 10	2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of imp	
8. Trade, profession, or particular	1.10.	arlerios Cerriro.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	accor	Circlinal Henrichan -	11 6-1
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and		Chronic my wardin	
SAW MILL, BANK, etc	1		1.42
	11. Total tima (yaars) spent in this		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	TO W	Cities Conditionally Conditions of Importance.	
(State or country)	140,000		
II 13. NAME David 139	end,		
13. NAME Pavid 30	x 1 1	Name of operation	Date of
(State or country)	ongrand,	What test confirmed diagnosis? Devell w	
15. MAIDEN NAME POSSOES	Diens.		
Ŧ.	2 01	23. If death was due to extarnal causes (VIOL ENCE) fill in also	
State or country)	de 900. 1/2.	Accidant, suicide, or homicide? Date of in	jury, 19
~ M , D 00	× B.	Where did injury occur? (Specify city or town, co	unty and State)
17. INFORMANT (Address)	Ed Lyd,	Spacify whether injury occurred in INDUSTRY, in HOME, or in	PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	- Bain t	Mannar of injury	
Place Usbury (outlow)	Date C4000 17, 1934	Nature of Injury	
19. UNDERTAKER	Summer of	24. Was disaase or injury In any way retated to occupation of d	accepted? Wes
(Addrass)	Buelies Md	If so, specify	oveasad!
CA 11-77 0	SAL DE	(Signed) A. M. Payton	
20. FtLED W/M 13, 19 3 Xa.	Walling	4 . 3/ // 1. /	M. D.
	Registrar.	(Addrass) Caraguille, M.	

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5.1927 Cerebral hemorrhage Peritonitis 3 days ago IN YEAR STREET Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4432
1. PLACE OF DEATH	
County Somewes "	Registration Dist. No. 265
Village or City Cristical,	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?mosds.
0- 6-	
2. FULL NAME JUNES, Z. Carm	arc, If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Africo (Day) 1937 (Manth) (Day)
5a. If merried, widowed, or divorced Raules Carman	22. A LI HEREBY CERTIFY That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Nov. 14 th 1866	I lest saw by a alive on a fine of 5, 19.3 7; death is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, et 5.40 Am.
70 4 23 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Chyslerman Ruf	7 1
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	androsecurso
kind of work done, as SPINNER, Chyslerman, Rof SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupetion (month and year) year) 11. Total time (yeers) spant in this occupetion.	acute Cardioc Distolori
1 00 11	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	(Juliuvion
13. NAME Gilbert Parman	oderna
14. BIRTHPLACE (city or town)	Neme of operation
(Stete of country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Same Ward	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (cittle of town)	Accident, suicide, or homicide? Dete of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Mus. Francis Carman, (Address) Carsfield, Nd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE VILLON GRANDE OF Dete Africa 8, 1937	Manner of injury
19. UNDERTAKER , S. Lawson. (Address) (Address)	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILED. Offer 7, 1937 Collections	(Signey) T. Coolbourn M. D. (Address) D. A. L. eld - M. d.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	URTHER ST	TATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH		
County Sacuerait		Registration Dist. No. 260
Village or City Princess Length of residence in city or town where de	Life time (#	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Leci	a loraber	
(a) Residence: No. Phunces	s Aure mid	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Calaret	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Amil 4 , 193. 7 (Year)
5al If married, widowed, or divorced HUSBAND of (or) WIFE of	Flerapper.	22. I HEREBY CERTIFY. That I attended deceased from Africal 37 1937, to Africal 44 1937.
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months 56	Oays If LESS than I day, hrs.	to heve occurred on the date stated above, at 9,20m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this precuration (month and	HouseKerping	Cerebral Henrowhage Afr 3m/
this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	spent in this occupation ess Acure, md	Other Contributory Causes of Importance:
	cow	Chronic Viplenti of Arthur
13. NAME Jour Fu 14. BIRTHPLACE (city or town)	et Throw	Neme of operation Oate of What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME (State or country)	Kuow, + Kuow,	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT TO PORT AND A STATE OF THE STA	anyoper	Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. Manner of Injury
Place Assa Welala Gring	- Oate 4/6 1937	Nature of injury
19. UNOERTAKER William for (Address) 17/2011	figure of mod	24. Wes disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 4 , 1937	Kegistrar.	(Signed) faller of the M. I. (Address) Fruit Class Dung mide. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritoritis Other contributory causes of importance:	

should state of OCCUPAterrof infor-RD. Every PHYSICIANS Exact statement UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE PLANKY, WITH

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	Somerset			Registration Dist. No. No. St., [death occurred in a horpital or institution, give its NAME instead of street and	
County	Crisfie	ld		Registration Dist. No. 2	
Village or Ci					
				ds. How long in U.S. if of foreign birth?yrsn	
2. FULL NAM	ME Carrie	Cullin	***	If U. S. Veteran, specify WAR	
(a) Residence	e: No.				
PERSON	AL AND STATIST	(Usual place		If nonresident give city or town one MEDICAL CERTIFICATE OF DEATH	1 State
3. SEX	4. COLOR OR RACE	1	RIED, WIDOWED,		
Female	White	OR DIVORCE	O (write tha word)	21. DATE OF DEATH 29,	. 193 7
5a. if married, widows	d or divorced	1	, u	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	Frank (Cullin		22. I HEREBY CERT1FY, That i attended	deceasad from
		Mar 24	1060	, 19, to	
6. DATE OF BIRTH (month, coji cha jecij	May 24,		i last saw h alive on, 19, 19	; death is said
	Months 11	Days 5	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
0.7-1		1	ormin.	were as follows:	Date of onset
8. Irade, profes	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	House V	lork	No physician in attendance	
2. Industry or t	usiness In which			Deceased died suddenly.	-
	done, es SILK MILL, L, BANK, etc			Apparently caused by	
- tills occup	d last worked at ation (month and 193	36 ff. Total t	ima (yaars) nt in this 30	apoplexy.	
	3/			Other Contributory Causes of Importanca:	
12. BIRTHPLACE (city (State or coun	or town) Somers	set Co.	Md.		
	illiam Davi	ld Howet	h		
E		111			
14. BIRTHPLACE		7-7-		Name of operation	
15. MAIDEN NAM	Margare	et Howet	h	Whet test confirmed diagnosis? Was there an	
	/	WI		23. If death wes due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide?	•
State or	(city or town)	4 1		Where did injury occur?	, 19
	Anna Nelson	n	200	(Specify city or town, county end Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ite)
17. INFORMANT (Addrass)	Crisfield.			open, whether many occurred in the service, in flowing, of the poblic ri	INCE.
18. BURIAL, CREMAT	ON. OR REMOVAL	etery 4	710 37	Manner of Injury	
PlacaMa	rion Statio	n Bete 1 2	19.19	Nature of Injury	
19. UNDERTAKER	J. a x	Brad	Show	24. Was diseasa or injury in any way ralatad to occupation of decaased? If so, specify	
Apri.	1 30, 37.	6 6 6	allins	(Signad) & & Callin	M. E
	***		Registrar.	(Addrass) Cornsfield 7	ref

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

M	Every item of infor-	PHYSICIANS should state	act statement of OCCUPA-	
OR BINDING	S A PERMANENT RI	tated EXACTLY.	roperly classified. Ex	rtificate.
AARGIN RESERVED FOR BINDING	N. BWRITE PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT RECKD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLANLY, W.	mation should be carefu	CAUSE OF DEATH in	TION is very important.

	1. PLACE OF		OF MA	RYLAND-	CERTIFICATE OF DEATH	,
	County	Somerset			Registration Dist. No. 270	
	Village or City	Crisfie	ld		No. Mariners Road st. v	/ard
	Length of racids	nce in city or town when	a death assured	86 2	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmos	
.20	2. FULL NAM	E Isaac	W Dau	gherty	If U. S. Veteran, specify WAR	_05
	(a) Residence	: No. Mari	ners R	Oad blace of abode)	St., Ward. If nonresident give city or town and State	
	PERSONA	L AND STATIS	TICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX M	4. COLOR OR RACE	OR DIVO	MARRIED, WIDOWED, RCED (write tha word) OWE Q	21. DATE OF DEATH (Nonth) (Day) (Yee	,
5a	. If marriad, widowad HUSBAND of (or) WIFE of		tie Da	ugherty	22. I HEREBY CERTIFY, Thet I ettended decessed	
6.	DATE OF BIRTH (m	onth. day and year)	Feb 5	1851		-
-	AGE - Years	Months 2	Days	If LESS than I day,hrs. ormin,	to have occurred on the date stated above, at 2.21 fr. m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	
TION		OOKKEEPER, etc	Carpe		aute some del facture app	nset
OCCUPATION	SAW MILL,	lone, as SILK MILL, BANK, atc	******		Chronic my reachetic	.j
00	10. Date deceased this occupa year)	tion (month end	11. To	spent in this ?	answerlas fobrellation 54	er
12	. BIRTHPLACE (city (State or countr	01 101111/	risfiel Marvlar		Other Contributory Causes of Importanca:	
2	13. NAME		Daughe			
FATHER	14. BIRTHPLACE (city or town)	risfic	ld	Nama of operation Date of What test confirmed diegnosis? West here en autopsy?	
ER	15. MAIOEN NAME	Sal	Ly John	ison	23. If death was due to external causes (VIOL ENCE) fill in also the following:	4
MOTH	16. BIRTHPLACE (c)	city or town)	risfic Maryl		Accident, suicide, or homicide?	
17	. INFORMANT (Address)		Pearl I		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18	BURIAL, CREMATIO		Date AT		Manner of Injury	
19	UNDERTAKER (Address)	DM Al	2 od	Hou	24. Was disease or injury in any way related to occupetion of deceased?	
20	FILEO April	1937	621	Ralling Registrar,	(Signad) Les Pay for	M. C

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regiesting V. S. No. 1.

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should state AD. Every item of inforof OCCUPA-PHYSICIANS Exact statement UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE O	F DEATH			(122-0)
County	Somers	et		Registration Dist. No. 270
Village or (city Cris	field		No McCready Memorial Hostital Ward
			30 70-	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NA	ن. الله الله الله الله الله الله الله الل	H Daugh		1f U. S. Veteran, specify WAR
(a) Resider	nce: No.	(Usual place		St., Ward. If nonresident give city or town and State
PERSON	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH . 0
M	W	OR DIVORCE	(write the word)	Month (Day) (Year)
Se. If married, widow HUSBAND of (or) WIFE of	wed, or divorced	Laur	a Daugher	THEREBY CEBTIFY, Thet I ettended deceased from
	79	une 5 18		1 /2/12/1907, to 19
	(month, day, and yeer)			I last saw blead elive on, 19; deeth is said
7. AGE 80	ers Months	Days	If LESS than 1 dey,hrs.	to have occurred on the dete steted above, et. Z
1 0 7 1 1			ormin.	Mice at follows: Date of onset
8. Frade, profe	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	Merc:	hant	Remigration
9. Industry or	business in which	~		Jugue Frina
kind of SAWYER 9. Industry or work we SAW MII	es done, as SILK MILL, LL, BANK, etc	Gro		Bril milia -
- Il la suite ener	sed lest worked et 19 upetion (month and	spe	me (yeers) 4 nt in this YTS	
12. BIRTHPLACE (c (State or cou	,	field Md		Other Contributory Causes of Importance:
13. NAME	Keni	y Daugh	ertv	Reute Buliac Distatolione
13. NAME	E (city or town)	Crisfie		Name of operation Australia Date 12-3
(Stete o	r country)		Md	What test confirmed displayed a land was there en eutopsy?
15. MAIDEN NA	AME S	Sally Jo		23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NA	E (city or town)	Crisf		Accident, suicide, or homicide? 10 Dete of Injury 10, 19
(State o	r country)		Md	Where did injury occur?
17. INFORMANT (Address)	Wm Holl	and isfield		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMA	tion, or removal isfield Cem	Pate Ar	ril 18 3	Manner of Injury
19. UNDERTAKER	som a	peads	Pour	24. Wes diseese or injury in any way releted to occupetion of deceesed?
20, FILED O.	~181937	6 El	ullus Registrar.	(Signed) M. D. (Address A. S. A. C. M. D.
	If mor	blanks are needed		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.-WRITE PLA

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5.1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSI
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Oate of onset

OCCUPApluods item statement SICIAN Exact classified properly may that 80 terms, plain DEATH plnods very OF

BINDING

ARGIN RESERVED

3. SEX

7. AGE

OCCUPATION

HER

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CAUSE TION is

5a. If married, widowed or divo

(OF) WITE OF MQ Q

6. OATE OF BIRTH (month, day, and year)

8. Trada, profession, or particular

9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.....

To: Date deceased last worked at

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(Address)

(Address)

13. NAME

17. INFORMANT

19. UNDERTAKER

this occupation (month and

14. BIRTHPLACE (city or town) __ ...

(Stata or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL CREMATION, OR REMOVAL

kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Domersal Mincess Langth of rasidance in city or town where death occurred. If U. S. Veteran, specify WAR_____ (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS

5. SINGLE, MARRIED, WIOOWED,

NI DOWRT

11. Total tima (yaars)

spent in this Ho

0ays

28

OR DIVORCED (write tha word)

If LESS than 1 dayhrs.

or min.

4. COLOR OR RACE

Col

ar

Months

260 Registration Dist. No.

No	La Landala in State - A State -	St	Ward
occurred	in a hospital or institution, give its NAME i	nstead of street and numb	er)
ds.	How long In U.S. if of foraign birth?	yrsmos	ds.
	IS II C Water a serie Wan		

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month) (Oav) 22. I HEREBY CERTIFY. That I ettended deceased from

to have occurred on the date stated bove, at 3- 10A-m The PRINCIPAL CAUSE OF DEATH and related causas of importance

Other Contributory Causes of Importance:

Nama of operation_____ ____ Date of What test confirmed diagnosis? Wes there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?

Where did Injury occur?.... (Specify city or town, county and State)

Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Neture of Injury.....

24. Was disease or injury in any wey related to occupation of deceased?_____ If so, specify .

certificate. jo back no instructions See important.

-WRITE

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1 N.AY 6, 1937	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	h	
4		
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STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH	I MARTEARD	
County Somes	1	Registration Dist. No. 270
Village or City	eath occurred O yrs O mos	No. He Creak Keamer Ward feath occurred in a horpital or institution rive its NAME instead of street and number) s. O ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME (a) Residence: No. Chasa	Jeg Level (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Modith) (Dey) (Year)
5a. It married, widowed, or divorced HUSBAND ot (or) WIFE ot		22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Deys It LESS than 1 dey. 3hrs. ormin,	I last saw h day alive on
8. Trade, protession, or particular kind ot work done, es SPINNER, SAWYER, BOOKKEEPER, etc	none	Prevalent ways
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
E 13. NAME William	Drydan	nore
14. BIRTHPLACE (city or town) (State or country)	Jaka .	Neme of operation Dete of Was there an autopsy 200
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Verental / tra	the Dripler	23. It death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
18. BURIAL, ORTHATION, OR DEMOVAL	Dete 4/19, 19.37	Menner of injury
19. UNDERTAKER CAUCH (Address) 603. Main 20. FILED 019.3.7	le Eleakling Registrar.	24. Wes disease or injury in any way related to occupetion of deceased? 2.4. It so, specify (Signed) (Address) (Address) (Address)

V. S. No. 1

stated EXACTLY. PHYSICIANS should state

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FARGIN RESERVED FOR BINDING

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properly classified.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	1,			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(200)

ARGIN RESERVED FOR BINDING

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natic	CAU	LION	
	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should stat CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA FION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH						(21)		
	County	Same	FER!			No. McCready Hospital St Ward		
	Village or	city Ne	ar Crisi	field, M	d.			
					(H	death occurred in a hospital or institution, give its NAME instead of street and number)		
			city or town where d		yrs,mos	ds. How long In U.S. if of foreign birth?yrsds.		
2.	FULL NA	ME.	Lildred	Frances	Dryden	If U. S. Veteran, specify WAR		
	(a) Reside	nce: No	Rehob	eth, Md		ou		
-	DEDSOI	101 00	ID CTATICT	(Usual place		If nonresident give city or town and State		
3. SI		1	OR OR RACE			MEDICAL CERTIFICATE OF DEATH		
					(write the word)	21. DATE OF DEATH		
	male	-	ite	111 16	G CL	(Month) (Oay) (Year)		
3a, I	f married, wido HUSBANO of (or) WIFE of		som Dry	300		22 I HEREBY CERTIFY, That I attended decased from		
	(OI) WIFE OI	11 1 1	ا دو ساره الما کاره			Ceful 7 ,1937, to Graf (0 ,1937		
6. D.	ATE OF BIRTH	(month, da	ay, and year) C	ber 16t	1.1917	I last saw here alive on Good 10, 19.37; death is said		
7. A	GE Ye	ars	Months	Oays	If LESS than	to have occurred on the date stated above, at		
	3	9	5	25	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
z	8. Trade, profe	ession, or p	particular			Oate ol onset		
110			, as SPINNER, EPER, etc	Lou ewit	ce	acul Die 7 Hunt mil		
OCCUPATION	9. industry or work wa	business i	n which SILK MILL, etc					
5	10. Date decea:	sed last wo	orked at A mare	11. Total ti	me (vears)			
0	this occu	pation (mo	onth and	spen	t In this			
			Sant' and	030 ()	va fr se	Other Contributary Causes of Importance:		
12. E	(State or cou		South mi	1.344	. Adabaya	Jarquis Secus		
ER I	13. NAME IId	10/1 11	D. Bunn			afriadista Pentrulas		
I			South	unitan C	A772 7			
FA	14. BIRTHPLAC (State o	t (city or t r country)	Own) DUTE TI	ماميد الاعلام المالا مام المالا	-0.55-2	What test confirmed diagnosis? Was there an autopsy? 25		
ER	15. MAIOEN NA	ME) :	lv. is. I	ee Lort	97	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following:		
MOTHER	16. BIRTHPLAC	E dailar as A	J 1111	more n. C	navity -	Accident, suicide, or homicide?		
M		country)	own)	inia.		Where did Injury occur?		
, ,	NFORMANT	[1]]00	01)	1		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
17.1	(Address)	0001	ic Cit		4.13	Specify minutes injury decented in industric, in nome, or in reductor reaction		
18. E	BURIAL, CREMA	TION, OR	REMOVAL			Manner of Injury		
	Plece	لمحارجاتهم		C. Date	1 11 , 19 .7.	Nature of injury		
10.1	INDEDTAKED	1000	(ALP)	tion	11 ARL	24. Was disease or injury in any way related to occupation of deceased?		
19. 1	JNDERTAKER (Address)	Conlo	le Cil	1	7 X X	If so, specify A		
	4/	10	377	0.0.19L	021900	(Signed) The Charles M.D.		
20. F	ILEO7-/-	1,	10 50	ull	Registrar.	(Address) Musson mo		
-				The second secon				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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OCCUPA-1. PLACE OF DEATH should Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where dasth occurred_ How long In U.S. if of foralgn birth?_____yrs.____mos.____ds. statement CIAN 2. FULL NAME (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write tha word) 5a. If married, widowad, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I ettended dacaased from (or) WILE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Yaars Months Davs If LESS than 0 1 day, hrs The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca or min. Date of onset 8. Trede, profassion, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. ... may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... 10. Data decaased last worked at 11. Total time (yaars) this occupation (month and spent in this occupation ____ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation_____ (State or country) Whet test confirmad diagnosis?_ MOTHER important. 15. MAIDEN NAME 23. If deeth wes dua to axternal causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide?______ Date of Injury______, 19 OF DEATH 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?____. pe (Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods very (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury CAUSE Date / TION Natura of injury_ 24. Was disease or injury In any way ralated to occupetion of decaased? 19. UNDERTAKER (Address) If so, spacify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. ST	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT WITHIN CO County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?_____yrs.____mos.___ Length of residence in city or town where death occurred 2. FULL NAME If U. S. Veteran, specify WAR_ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (white the word) 5a. If married, widowed, or divorced HUSBAND of 22. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years II I'ESS than 1 day, ---- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 6 or____ min. were-as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATION 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ may back 10. Date deceased last worked at 11. Potal time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME FATHE 14. BIRTHPLACE (city or town) (State or country) carefully 15. MAIDEN NAME C HE 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19 DEATH 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE LION Nature of injury_ 19. UNOERTAKER (Address) If so, specify Registrar. (Address) ...

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V. S. i			
Other contributory causes of importance:	in all the	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE

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V. S. No. 1

of OCCUPA.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Somerset	Registration Dist. No. 2 6 0
Village or City Princes anne	No. Pot ## / St. Ward
	ff death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Elmora Hale	11. 40
	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Dev) (Yelf)
5a. if married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer) July 3 - 1936	
7. AGE Years Months Days if LESS than	to have occurred on the dete steted ebove, et
9 / 2 f day,hrs.	the restrict AL CAOSE OF DEATH and related causes of importance
8 Trade profession or particular	Whov ken Cough Dataofonsat
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MiLL, SAW MILL, BANK, etc. 10. Date deceased lest worked at 1f. Total time (years)	Browle Jankemorken
work wes done, es SILK MILL, SAW MILL, BANK, etc.	Bell Made land
10. Date deceased lest worked at this occupetion (month end spent in this	distributed the
yeer) occupation	Other Contributory Causes of Impostance:
12. BIRTHPLACE (city or town) Frues ame RED	best suffer about that
(State or country) Sometest Copy	Could be obtained
14. BIRTHPLACE (city or town) - Somest County	
4. BIRTHPLACE (city or town).	Name of operation Dete of
	What test confirmed diagnosis? Wes there en eu'opsy?
	23. If death was due to externel causes (VIOL ENCE) fill in eiso the following:
S (State or country)	Accident, suicide, or homicide? Pate of injury, f9 Where did injury occur? Accident, suicide, or homicide?
17. INFORMANT Norman Ssale - (Address) Orme en anne, mo.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL mission clary.	Menner of injury
Plece Ml Vernon Date afris 1/, 1923	Nature of injury
19. UNDERTAKER Dale Dashiell	24. Was disease or injury in eny way related to occupation of deceased?
(Addiess) Pinceso anne mo	If so, specify
20. FILED 4-16, 1937 J Smith	(Signed) the fitting Covery Alest (
Redurar.	(Address) run cer ama

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Chronic interstitial nephritis MAY 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGAU V. S.	700		
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County	of death	rset		90	Registration	n Dist. No.	160
Village or	city Prence	ess Qu	me (II	NoNo	institution, give its NAM		Ward
Length of ra	asidanca in city or town where	daath occurrad	yrsmos	ds. How long In U.	S. if of foraign birth?		_mosds
2. FULL N	AME Jeuc	re.	jare	Jum If U. S. Vete	eran, specify WAR		
(a) Resid	ence: No.	(Usual place	of abode)	St.,Ward.	If nonreside	nt give city or town a	and State
PERSO	NAL AND STATIST			MEDICA	L CERTIFICAT	E OF DEATH	1
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEAT	THAPPILL (Month)	19 (Day)	, 193 (Yeer)
5a. If married, wid HUSBAND of			4	22. IHERE	BY CERTII	FY, That I attend	led daceasad fro
(or) WIFE of		1		4-17	19.37.10	4-19	, 19.3
	H (month, day, and yeer)	my3	1936	1 last saw h alive o	on exercis	an D, 19. 0); death is sai
7. AGE	Years Months	Days 16	If LESS than I day,hrs. ormin.	The PRINCIPAL CAUSE OF were as follows:		uses of Importance	1
8. Trada, pro	ofession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc		73	Ollio	opina (male	Oate of onse
	or business in which wes done, as SILK MILL, MILL, BANK, etc	info,	1	70	J		
- (1110 00	eased last workad at ecupetion (month and	Spe	tima (yaars) ent in this				
12. BIRTHPLACE		cess a	upation	Other Contributory Causes of	of Importance:		
	Norma	en Sa	hes	-			
	ACE (city or town)	nd		Name of oparation What test confirmed diagnos			
15. MAIDEN	NAME Cuna	Jon	es	23. If death was due to exter	nal causes (VIOLENCE)	fill in also the follow	wing:
	ACE (city or town)	ν, μ		Accident, sulcide, or homici	de?	Date of injury	, 19
17. INFORMANT - (Address)	or country)	in g	alı	Where did injury occur? Specify whether Injury occu	(Specify city rred in INDUSTRY, In	or town, county and HOME, or In PUBLIC	State) PLACE.
	ATION, OR REMOVAL	Date Op	ril 19,10 9	Manner of Injury			
19. UNDERTAKER	19al 19	ashe	il	24. Wes disease or Injury In			
(Address)	Princes	o and	re ma	If so, specify	A	9 01	
20. FILEO 4.	19 . 25	JU II.	a a total	(Signad) Colli	erene J	garie	are on

PHYSICIANS should state CCRD. Every item of inforproperly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be WITH B. WRITE PLA

V. S. No. 1

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Chronic interstitial nephritis MAY 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUSPALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

OCCUPA-	STATE OF MARTLAND	CERTIFICATE OF DEATH			
5	1. PLACE OF DEATH	18-20			
00	County Imelall	Registration Dist. No. 260			
of o	Village or City Westerver (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.	Length of residence In city or town where deeth occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.			
	2. FULL NAME we Belle Holland	If U. S. Veteran, specify WAR			
	(a) Residence: No. Westone Marylan (Usual place of abode)	St., Ward. If nonresident give city or town and State			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)			
	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Sanual Holland	22. I HEREBY CERTIFY, Thet I attended deceased from			
	6. DATE OF BIRTH (month, day, end yeer) Ortober 11 1853	1 last saw h & V elive on after 1937; deeth is seid			
	7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at			
opertifi	83 5 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were es follows:			
be	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Execlused freelf 4/2			
may	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc				
nat it	10. Oate deceased last worked at this occupetion (month end year) 11. Total time (yeers) spent in this occupation				
so thuction	12. BIRTHPLACE (city or town) Delansone (State or country)	Other Contributory Causes of importence: Occeptualized for the contributory Causes of importence:			
ms	II 13. NAME (isa A. Casawell				
45 0	14. BIRTHPLACE (city or town) millon, Wel	Neme of operation Dete of Dete of			
- 60	(State of country)	What test confirmed diagnosis? Wes there en eutopsy?			
H in	15. MAIDEN NAME Charles State of the Commeller Well 16. BIRTHPLACE (city or town) State or country)	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?			
TAT mp	(State or country)	Where did injury occur?			
F DE	17. INFORMANT Mis E J. Chamberles (Address) (westoness), Ind.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Fell out undless			
N I	Place Dearge damble Catellard 10, 1931	Nature of Injury Fracture of Harrel			
CAU	19, UNDERTAKER THE HILL A JOHN CO. (Addies) Alianus The Control Contr	24. Was disease or Injury in any way related to occupation of deceased?			
**	1/2 22 9 1/2011/6	(Signed) Herr Bollewick M. D.			
	20. FILED 7	(Address) American cake Mills			

V. S. No. 1

should state

PHYSICIANS

stated EXACTLY.

S

UNFADING INK-THIS FARGIN RESERVED

AGE should be

mation should be carefully supplied.

WRITE PLAINLY

FOR BINDING

A PERMANENT RECORD. Every item of infor-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	es Date of onset	
Arteriosclerosis	MAY 6 1937	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nepi	irilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	S. July 5,1927 Peritonitis		3 days ago	
Other contributory ca	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.-

STATE (OF MARYLAND—	CERTIFICATE OF D	EATH 4445			
County SAN	ural	(31) Registra	ation Dist. No. 268			
Village or City	111D, 24D	No. death occurred in a hospital or institution, give its N	St., Ward			
Length of residence in city of town where		ds. How long in U.S. if of foreign birth				
2. FULL NAME	1 VI. Home	V				
(a) Residence: No. // (Usual place of abode)		St., Ward.	sident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR-RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH APR	5 1937 , 193 (Yeer)			
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	OIN PA	(Month) (Dey) (Yeer) 22. ADD LHEREBY CERT DFY That I attended deceesed from				
6. DATE OF BIRTH (month, dey, and yeer) Felix 14 18/4		I lest sew h alive on APR 5 1937 19 death is seld				
7. AGE Yeers Months	Days If LESS then 1 dey,hrs.	to heve occurred on the dete stated above, at				
13	ormin,	The PRINCIPAL CAUSE OF DEATH end releted were es follows:	Date of onset			
8, Trede, profession, or particuler kind of work done, as SPINNER, Wattranson SAWYER, BOOKKEEPER, etc.		(Chronic)				
9. Industry or business in which work was done, es S1LK MILL, SAW MILL, BANK, etc.		7				
10. Dete deceesed last worked at this occupetion (month and yeer)	11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) DEALS (Stete or country)	ISLAND, MD.	Other Contributory Causes of importance: Outside African Language Contributory Outside African Language Contributory Other Contributory Causes of importance:				
13. NAME LOUNTY	Homes					
14. BIRTHPLACE (city or town) DEALS (Stete or country)	S ISLAND, MO	Neme of operetion	Date of			
15. MAIDEN NAME AMON	da I Webeler	23. If death was due to externel causes (VIOLEN				
16. BIRTHPLACE (city or town) DEALS ISLAND, MD. (State or country)		Accident, suicide, or homicide?				
17. INFORMANT AA HO	mes	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.				
18. BURIAL, CREATION, OR REMOVAL	Date apr 8 , 1937	Manner of Injury				
19. UNDERTAKER A. 7.7. (Address) DEALS ISL	AND, MD.	24. Was disease or injury in eny way related to	occupation of deceased?			
20, FILED apr 7, 1937 19	ron Welster Registrar.	(Signed) (Address) (Address)	12 pm M.D.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY 5 100				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PL

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V. S. No. 1

CTATE	OF	MADVI	AND_	CEDTIEI	ATE	OF	DEATH
SIAIL	UF	MARYL	AND-	-CERTIFIC	JAIL	OF	DEATH

A	R	.0	18
4	4	a	PV
,X,	J.	T	U

1. PLACE OF DEATH	Bras
County Somerall	Registration Dist. No. 2.7
Village or City Jacwell (II Length of residence in city or town where death occurred 37 yrs, 3 mos	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Collie Thorsey	If U. S. Veteran, specify WAR
(a) Residence: No. A fluil (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Massila	21. DATE OF DEATH April 9, 1937 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Forsey	22. I HEREBY CERTIFY. That I attended decessed from 29, 1937, to Emil 9, 1937
6. DATE OF BIRTH (month, day, and year) all c 22 /1885 7. AGE Years Months Days If LESS then 1 dey, hrs. or min.	I last sew h_2\(\times_\) alive on
8. Trade, profession, or perticular kind of work done, es SPINNER, Housewife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	Cerebral Memortinge 3/24/3
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. Total time (years) 7 spent in this 7 occupation.	Olbar Contributory Causes of Importance; I'arulysis y Night side 3/29/2
13. NAME EVEN Johnson 14. BIRTHPLACE (city or town) Johnson (State or country)	Name of operation Date of Was there an autopsy? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME LANGE MAIN AND	23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT 6 Mill A order (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Agricult Cem Date April 12, 1937.	Manner of Injury
19. UNOERTAKER DM A Brodohaw (Address) Custiled and	24. Was disease or Injury In any way related to occupation of deceased? The If so, specify (Signed) ///s // Subbless M. E
20. FILED. When 17, 19 If Make are needed address. State Parisings.	(Address) 1369 W. W. avr. Cristal rel.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 5 1937	July5,1927	Peritonitis	3 days ago
BUREAU V. S.	and the second s		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	29
County Somersel Co	Registration Dist. No. 26/
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long In U.S. if of foreign birth?
2. FULL NAME frealie Jacks (a) Residence: No. 18 11 agenth la	If U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 22 , 193 7 (Month) (Day) (Year)
1st If married, widowed, or divorced HUSBANO of (or) WIFE of David Jackson	22. I HEREBY CERTIFY, Thet I attended deceased fro
6. DATE OF BIRTH (month, day, and year) Man 16 1897	I last saw her alive on a last 1, 19.37; death is sa
7. AGE Years Months Oays if LESS than	to have occurred on the date stated above, atm.
40 / 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acut siet New 9/2:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (mostly and Inc.) 11. Totel time (years)	
this occupation (month and 1936 spent in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Marion (State or country) Somewet Co Md	Jalmy Tuhanhus mit
13. NAME Thomas anderson 14. BIRTHPLACE (city or town) Somes Comments 15. Comments 16. Comments 17. Comments 18. Comments 18. Comments 19. Comments	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Harrell yerold	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Formit Jerold 16. BIRTHPLACE (city or town) Jonnes To Co	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Helie Bellie	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Contespate apr 25, 1919	Manner of injury
19. UNDERTAKER Ehas Hword (Address), marine Ond	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED 4/74, 193 Plurelea 12, sursor	(Signed) Lenge 6. 6 orlforer M.

V. S. No. 1

B.—WRITE

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PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT KE

MARGIN RESERVED FOR BINDING

stated EXACTLY.

AGE should be

mation should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis, HIN 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY,

STATE OF MARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	13	
County Dominsot	Registration Dist. No. 76	
Village or City Mussen Md	NoSt., Wa	ard
	If death occurred in a horpital or institution, give its NAME instead of street and number) s	_ds.
2. FULL NAME Jaseth Samuel Lar	reel If U. S. Veteran, specify WAR	
(a) Residence: No. Na GALLON: sta mile	St., Ward,	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oful 18, 193 7. (Year)	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Olace Jarrell.	22. I HEREBY CERTIFY, That I attended deceased for	
6. DATE OF BIRTH (month, day, and year) Cle 8, 1876	l lest saw harmal legent less saw harmal legent legent less saw harmal legent lege	eairl
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	3010
6/ / / / / l dey,hrs.	mara as Collabor.	
1 8 Trade profession or particular	Overmy Entele Date of on	123
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work wes done, as SILK MELL SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) DOD	Other Contributory Causes of importance:	
(State or country)	There Out results	
13. NAME William Larrill	alone mondely	
13. NAME William Yarrill 14. BIRTHPLACE (city or town) 722	Name of operation	
(State of Country)	Whet test confirmed diegnosis? Was there en autopsy?	
15. MAIDEN NAME Hannel	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Hamilton 16. BIRTHPLACE (city or town). M. d.	Accident, suicide, or homicide? Date of injury, 19	
Za a language	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT THE SHAPE THE	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMODAL	Manner of Injury	
Place Wary Quelling Date CPN 70, 1037	Neture of injury	
19. UNDERTAKER Chas Of Ward	24. Was disease or injury In any way related to occupetion of deceased?	
(Address) Marcory Mad	If so, specify	
20. FILED 4/19, 1037 (Jurilea 12 vaivsor	(Signed) Stange to Loubbarn M	1. D.
Registrar.	(Address) Museum ma.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

V. S. No. 1

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of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Village or City Residual County	Registration Dist. No. 2 65 No. 8 LIMIT St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME John Johns (a) Residence: No. Longitude (Mai place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months Days If LESS than 1 day,hrs. ormin. 8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked at this occupation (month and yeer) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 13. NAME	22. I HEREBY CERTIFY The I attended deceased from 193, to 193.7; death is said to heve occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as Iollows: Date of onest Private Cause of the mests replicates in a process of the contributory causes of importance: Other Contributory Causes of importance: Note an acusta attack angrafted aport Classica representation
(State or country)	Neme of operation
15. MAIDEN NAME Sarah Williams	23. If death was due to externel causes (VIOLENCE) fill in also the Ioliowing:

16. BIRTHPLACE (city or town) (State or country)

(Address)

Accident, sulcide, or homicide?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Nature of Injury

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NAV 5 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
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AGE should be stated EXACTLY. PHYSICIANS snoum seem. UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAIMLY, WITH UNFADI mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4400
1. PLACE OF DEATH	(43-9)
County Somerson	Registration Dist. No. 2 6J
Village or City lensfield	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Tules Lune	
(a) Residence: No. Sarishild N	If U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day) (Dept)
5a. If marriad, widowad, or divorced HUSBAND of	9/4/4
(or) WIFE of Dorn Lune	22. CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) with. 1877	i iast aw h aliva dn 25 1937; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.
60 - I day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S-Industry or business in which	Curren -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	1 miles
10. Date decaased last worked at this occupation (month and 10.7)	1936
year)	Dthar Contributory Causes of importance:
12. BIRTHPLACE (city or town) Somerson Cunt	
(State or country)	
13. NAME EMULIA FAIL 14. BIRTHPLACE (city or town) M	
[14. BIRTHPLACE (city or town)	Neme of operation
	What test confirmed diagnosis? Was there an autopsy?
E C	23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT During Line Line (Address) Louisbally	(Specify city or town, county and State) Spacify whether injury occurrad in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Menner of injury
Place Data 4/28 ,1927	Neture of injury
19. UNDERTAKER Celros Mark (Address)	24. Wes disease or Injury in any way related to occupation of deceesad?
111, 26/22 10/20 08:	(Signal) Lota lewer M. D.
20. FILED Registrar.	(Address) Lenisfish Was

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY 5 1937				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
Early assessment control of the Cont				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	FOR FURTHER STATEMENTS BY PH	ATEMENTS BY PHYSI	FURTHER S	FOR	SPACE	ADDITIONAL
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BINDING

S. No.

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NOLL

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred_ How long In U.S. if of foreign birth?_____yrs-___mos.____ds. 2. FULL NAME If U. S. Veteran, specify WAR. (a) Residence: No. Ward. (Usual place of If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIMORCED (write the word) Hurale Vidou (Day) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceesed from (or) WIFE of _____, 19_____, to______ 6. DATE OF BIRTH (month, day, and year) 7. AGE Davs If LESS than 1 day, _____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were es follows: Date of enset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Totel time (years) this occupetion (month and spent in this year) _____ occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME RRO 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury______19____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) 17. INFORMANT C Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury Nature of injury_. 24. Wes disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address) Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 5 1937	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

M C F	RECORD. Every item of infor-	. PHYSICIANS should state	Exact statement of OCCUPA-	
FOR BINDING	IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
ARGIN RESERVED FOR BINDING TO S	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
40.1	WRITE	mation sh	CAUSE 0	TION is v

19, UNDERTAKER (Addrass)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4452
1. PLACE OF DEATH	(150)
county Somesset	Registration Dist. No. 262
Village or City le vatery Station Ind	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sylveston dee	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 20 ,193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That attended deceased from
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from 19
Chil 14 1937	
6. DATE OF BIRTH (month, day, and yaer) 7. AGE Years Months Days If LESS than	to have occurred on the date steted above, atm.
X X X 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc	Wenteness!
9. Industry or business In which work wes done, as SILK MILL,	0 40
SAW MILL, BANK, etc	no Physician
12. BIRTHPLACE (city or town) Coston Station Ind	Other Contributary Causes of Importance:
(State or country)	
# 13. NAME Charles Elwood dee	
14. BIRTHPLACE (city or town) Ballywood	Nama of operation
(State or country) Maryland	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME Nellie Ressey	23. If death was due to extarnal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Nellie Kersey 16. BIRTHPLACE (city or town) Coslew Stalfors	Accident, suicide, or homicide? Date of injury, 19
S (State or country) Maryland	Where did injury occur?
17. INFORMANT Maggie Smith	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Registrar.

(Signed).

Neture of injury.

24. Was disaeso or injury in any way related to occupation of daceasad?_____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1000				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
List.				

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEA					(12)		-
County		Somerse	T		PORTE LIMITS		Registration Dist. No	265
	, , , , ,	Crist		2 (1	•)		St St Sun, give its NAME instead of street	
							pecify WAR	
2. FULL N			oad Str				pecity wax	
(a) Resid	ence: No.	TAT	(Usual place		St,War	rd	If nonresident give city or tov	wn and State
PERSC	NAL AI	ND STATIST			MED	ICAL CE	RTIFICATE OF DEA	
3. SEX	4. COL	OR OR RACE	s. single, mai or divorci	RRIED, WIDOWED, ED (write the word) Wed	21. DATE OF D	EATH	efact 27	, 193.7 (Year)
5a. If married, wid HUSBAND of (or) WIFE of			zzie Me	rrill	22. 3 1/HE	REBY	CERTIFY, Thet att	tended deceased fro
			222		1	alivo or	4/47/	1924.
6. DATE OF BIRT	H (month, d	ay, and year) Months	Deys	If LESS than	to have occurred to	S P. M.	6.00 P	; death is sai
7. Ace out	67	Months	Deys	1 day,hrs.	The PRINCIPAL CAU		end related causes of Importenc	e
8. Trade, pro	ofession, or	particuler		ormin.	were as follows:	0 14	1	Data of onse
	ary a comme	, es SPINNER, EPER, etc.	Labore	r	nepl	rule	1 llculo	3/23
work	r business was done, as	In which SILK MILL, , etc			Prisony Con	se of the	courte ne plantis.	1
10. Date dece		orked at 19		time (yeers)	Exposuo	2. Du	ctiva r a four weeks	. Cent B
12. BIRTHPLACE (State or c			moke land		Other Contributory Co	al a	lance: Octomen	4/1/5
13. NAME	(George 1	errill		not on sente	attack	enaralited uson a ch	Somie
A 14. BIRTHPLA		lown) Po	comoke Jaryland		Name of operation What test confirmed d	70	nephritis De	ete ofere an autopsy?
15. MAIDEN	NAME	Sarah G	uinton		23. If death was due to	external caus	es (VIOLENCE) fill In also the fo	ollowing:
6 16. BIRTHPLA		LUWW/	omoke				Date of Injury_	
∑ (State	or country		yland		Where did injury occu		(Specify city or town, county a INDUSTRY, in HOME, or In PUB	and State)
17. INFORMANT _ (Address)		Merr Hipewel	1 Md		Specify whether injur	y occurred in	INDUSTRI, III NUWE, OF IN PUB	LIU FEMUE,
18. BURIAL, CREM		REMOVAL		3'	Manner of Injury			
Place	awsor	ria Cem	Dete	April, 180	Neture of Injury			
19. UNDERTAKER (Address)	101	BUV	read.	Bu	24. Wes disease or Injury	ury in any wa	y related to occupation of deceas	ied? Nu
20. FILED.	28	197 6	E. 6a	lluw Rezistrar.	(Signed)(Address)	an	sailled in	Рм.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requaring U. S. No. 1.

-WRITE PL

N. B.

PHYSICIANS should state Exact statement of OCCUPA-

IS A PERMANENT RE stated EXACTLY. properly classified.

pe

AGE should be

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

FOR BINDING

ARGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 5 1937	July 5,1927	Peritonitis	3 days ago	
W BUREAU V., S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	CORATE IMITE .
County Domessel 81TH	Registration Dist. No. 2 63
Village or City Crisfield	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	isds. How long in U.S. il of foreign birth?yrsmosds.
2. FULL NAME Mrs. Georgia, Mo	ore If U. S. Veteran, specify WAR
(a) Residence: No. Cove DVII	St., Ward.
(Usual piace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Office 18 1, 1937 (Mooth) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE 01 Con WIFE 01	JHEREBY CERTIFY, That I attanded deceased from
Gue 14 1818	i last saw her aliva on a full of 1987; death is said
6. DATE OF BIRTH (month, day, and year) Curg 77 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 4
68 8 14 1day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular kind of work dona, as SPINNER, Householper	Date of onsat Office of State of Onsat Date of Onsat
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Coresfield 11. 1	Other Cantributory Causes of importance:
(State or country)	Bonnels Orenew 21/03,
13. NAME David Sterling	Cluve Infreglati
14. BIRTHPLACE (city or town)	Name of operation Data of
15. MAIDEN NAME Pacheal Lawson	23, 11 death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Date of Injury,19
17. INFORMANT Miss, Pacheal Moore	Where did injury occur? (Specify city or town, county and State) Specily whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Prince & Removal Place Prince & Removal Place Prince & Removal	Manner of Injury
19. UNDERTAKER S. Bawson (Addrass) Chicked	24. Was disease or injury in any way related to occupation of deceased?
20. FILED April 19, 19 6 E le ulling. Registrar.	(Signed) Slor 9. 6 6 orlllur M. D. (Addrass) munin mo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis WED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 114V 5 1937	July 5,1927	Peritonitis	3 days ago	
DIDEAN V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		The state of the s	-3.2	
		And C		

ADDITIONAL SPACE FOR FURTIER STATEMENTS BY PHYSICIAN

1 25,6000

V. S. No. 1

nfor- state JPA-	^	CERTIFICATE OF DEATH
• -	1. PLACE OF DEATH	108
of CC CC	county orienset	Registration Dist. No. 2,62)
should of OCC	Village or City Westover	No. K. # Ward denth occurred in a hospital or institution, give its NAME instead of street and number)
200 4		ds. How long in U.S. If of foreign birth?yrsmosds.
CORD. Every PHYSICIANS ict statement	2. FULL NAME Cercest Orien Me	etterif U. S. Veteran, specify WAR
SIC ate	(a) Residence: No.	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
RECO	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
H	3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day) (Year)
RMANEN X A C T L classified.	5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Service Collection	22. HAREBOX GERTIFY that I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Heb. 5-1887	Hast saw h 4 elive on Church 1937: death is said
PE d E srly cate	7. AGE Years Months Deys If LESS than	to have occurred on the data stated above, at 2.050 m.
IS A PE stated E properly certificate	50 / 27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
he st be pl be pl of ce	8. Trede, profession, or particular kind of work done, as SPINNER, Farurer SAWYER, BOOKKEEPER, etc.	LOPAR VNEUMONIA 3/26/37
VK—TE should it may n back	kind of work done, as SPINNER, CANYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	7,20,24
INK S sh t it on	11. Total time (years) this occupation (month and / 9 3 7	
AGE that	Maliland	Other Contributory Carter of Importance:
J. so uct	12. BIRTHPLACE (city or town) (State or pountry)	Collabore
UNFADING supplied. AGI n terms, so tha	II 13. NAMES . J. Neetter	
D # # "	14. BIRTHPLACE (city or town)	Name of operation Date of
FEE	(State of County)	What test confirmed diagnosis? Was there an autopsy?
WITH efully in plai	15. MAIDEN NAME PROGRAMMENT	23. If death was due to external causes (VIOLENCE) fill in elso the following:
car HH ortz	16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide?Oate of Injury, 19
ALY, Id be can DEATH y import	(State or country)	Where did injury occur?(Specify city or town, county and State)
E PLAMLY, WI should be careful OF DEATH in I very important.	17. INFORMANT WO SALONE AND MERCHANIST WAS AND	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
E S S	16) BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE nation station station station is	Place pate 4, 1937	Nature of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER BUNOU! Stevenson	24. Was disease or injury in any way related to occupation of deceased?
B.	(Address) focours to the testy Mis	If so, specify
ż	20. FILED prel 3, 1937 Mrs. Claylon Harrs	(Signed) 1 (Address) M. D. Alle the City West

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
COSAL V 3				
Other contributory causes of importance:	become of	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			l	

1. PLACE OF DEATH	92-02
County Homers	Registration Dist. No. 2–70
Village or City Criefield	No. St Ward
Length of residence in city or town where greath occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number)
(1 1 0 0	sds. How long in U.S. If of foreign birth?yrsds
2. FULL NAME James Odward Who	Eus If U. S. Veteran, specify WAR
(a) Residence: No. Lingued / F. F.	St., Ward.
(Usual flace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH (Menth) (Dev) (Test)
5a. If married, widowed, or divorced Stella Owens, (or) WIFE of	22. I HEREBY CERTIFY That I ettended decessed from
6. DATE OF BIRTH (month, day, and year) Fab. 23 ed 1862	I lest saw have elive on aparel 9 1937; death is sin
7. AGE Yeers Months Days If LESS then 1 day,hrs.	to have occurred on the dete steted above, at 230 A.m. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
8 Trade projession or perticular A D O	Date of onset
SAWYER, BOOKKEEPER, etc. Self 1'0001 Country 9. Industry or business In which	durass
work wes done, es SILK MILL, SAW MILL, BANK, etc	
10. Date decessed last worked et this occupation (month end spent in this	
yeer) occupetion	Other Contributery Causes of importence:
12. BIRTHPLACE (city or town)	aprile deletation of
(State or country) Some Set On	Meart
13. NAME William Owers 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(Stete or country)	Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME - Vancy Velson,	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Nancy Nelson, 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Dete of injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT Mis Alella Owers (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place as being bete Ohis 9 \$ 1937	Menner of injury
10-1 Historia	Neture of injury
19. UNDERTAKER J.	24. Wes disease or injury in any wey releted to occupation of deceased?
CA Q 27 D CA	If so, specify Colland Land
20. FILED Mer. 9, 19 3/ 196 Callins	(Signed) Contact of M. D.
Registrar.	(Address) D_RLA d O d

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

B

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 5 1937			
Other contributory causes of importance: 3.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	111 49 1,10 10		2 godi

ADDITIONAL S	SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.-WRITE PLA

STATE OF	MARYLAND-	CERTIFICATE	OF DEAT	Н

1. PLACE OF DEATH	3/0 m
County Samestee	Registration Dist. No. 270
Village or City Colfield	No. St., W
Length of residence in city or fown where death occurred while lef	(Indeath occurred in a hospital or institution, give its NAME instead of street and number) mos
111/100 6 (3)	Commission of the control of the con
2. FULL NAME / sillean (D. O oa	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE OR DIVORCED (qurite the word	
marked marked	(Month) (Day) Year
5e. If married, widowed, or divorcad	
HUSBANO of Bealine Prach	22. HEREBY CERTIFY, That I attended deceased
	april 25 ,1937, to grap 25 ,198
6. DATE OF BIRTH (month, day, and year) Where 5 1 189	4 I last saw here elive on 3 1907; daeth is
AGE Years Months Days If LESS that	
43 20 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of Date o
8. Trade, profession, or particular kind of work done, as SPINNER, Carfeerley, SAWYER, BOOKKEPPER, etc.	Alvelo 21 - ha
9. Industry or business in which	Wirelly Herenty
kind of work dona, as SPINNER, Carfeeley, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and spent in this	***************************************
year) occupation	
12, BIRTHPLACE (city or town)	Other Contributory Causes of Importance: Caches Charles of Caches Charles
(Stata or country)	7
13. NAME George DV. Proach	- good feeler, a 45 kg
Teorge VI. (Vacus	1 Bello de D
14. BIRTHPLACE (city or fown)	Name of operation And Conference Date of Angles
(Otata of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Gora Howard,	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME GOVA Howard, 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide accept. Date of injury 30125, 190
(State or country)	Where did Injury occur? Somewif Co
17. INFORMANT GOTA ROASS	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Presheld Add	Stole road.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Car left wind study Tree
Place Sedeworth Cerette pate Up 27 49	7 Nature of injury
fal 9 al 1	
19. UNDERTAKER VI QUILLON	24. Was disease or injury in any way ralated to occupation of dacaesed?
(Address)	If so, specify
20. FILED alu 26,1937 6 6 Curlin	(Signad) Lorge 6. Ochum
Registra	(Addrass) Masan Rama,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage MAY 3 1991	July 5,1927	Peritonitis	3 days ago
BURDAU V. S.		8	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onset

me

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidence in city or town where death occurred If U. S. Veteran, specify WAR, (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day) 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Months 7. AGE Days if LESS than to have occurred on the date stated above, at__ 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance

or ____min.

11. Total time (vears) spent in this occupation ___

statement Exact BINDING RESERVED back See efully DEATH should OF AUSE mation LION

OCCUPATION

FATHER

OTHER

14. BIRTHPLACE (city or to 16. BIRTHPLACE (city or town) ...

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

8. Trade, profession, or particular

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.....

10. Data deceased last worked at this occupation (month and

(State or country)

(State or country)

(State or country)

kind of work done, as SPINNER,

SAWYER, BOOKKEEPER, etc

19. UNDERTAKER (Address)

Nature of Injury. 24. Was disease or injury in any way related to occupation of deceased?

What test confirmed diagnosis?

Accident, suicide, or homicide?

Where did injury occur?_

If so, specify (Address)

23. If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, count and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PORLIC PLACE.

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Beagair V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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CEDTICICATE OF DEATH

CountyS	omerset			Registration Dist. No. 26	0
Village or City_	Westo		vrs 11 mos	No. Farm St., - St., - death occurred in a horpital or institution, give its NAME instead of street and s. How long in U.S. if of foreign birth?yrs.	d number)
2. FULL NAME					
(a) Residence:	No. We	Stover (Usual place of		St., Ward. If nonresident give city or town as	nd State
PERSONAL	AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4.	COLOR OR RACE	5. SINGLE, MARR OR DIVORCED Marri	(write the word)	21. DATE OF DEATH 2 0 4 6 (Month) (Oay)	
5a. If married, widowed, of HUSBANO of (or) WIFE of		n Rolley		22. I HEREBY CERTIFY, Thet lattende	ed deceased 1
6. DATE OF BIRTH (mon	th day and year)	Dec 24	1937		Z: death is
7. AGE Years 42	Months 2	0ays 26	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at \$ 0000. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were, as follows:	
8. Trade, profassion kind of work SAWYER, BOO	done, as SPINNER, OKKEEPER, etc	Housew		Eleut Calany / whoolis	Date of
kind of work SAWYER, BO 9. Industry or bush work was don SAW MILL, B 10. Date deceased la	e, as SILK MILL, ANK, etc	Home			
	st worked at n (month and	speni	na (years) t in this pation		
12. BIRTHPLACE (city or (State or country)	(UWII)	rset Cou Maryland		Other Cantributory Causes of Importance:	
13. NAME		tte Ball			
14. BIRTHPLACE (cit (State or cour	ntry)		ryland	Neme of operation Date of	7
15. MAIOEN NAME	Lau	ra Balla	ard	23. If death was due to externel causes (VIOLENCE) fill in elso the follow	
15. MAIOEN NAME 16. BIRTHPLACE (city (State or cou) VI (VWII)	omerset Maryl		Accident, suicide, or homicide? Dete of injury	, 19
17. INFORMANT(Addrass)		Rolley	Md	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	tate) PLACE.
18. BURIAL, OMATION	TR/ 10	Date A	oril 237	Manner of injury	
19. UNDERTAKER (Address)	mayer	othe	pu	24. Was disease or injury in any way related to occupation of decaasad?_ If so, specify	
20. FILED. CLAT.	W1070 9	Sunsk	Registrar.	(Signad) (Address) The same of	

V. S. No. 1

tD. Every item of infor-

should state of OCCUPA-

PHYSICIANS

Stated EXACTLY. PHYSICIALIS

UNFADING INK-THIS IS A PERMANENT REPORT

AGE should be

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CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

WITH

N. B.-WRITE PLA

ARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I	İ	Example II	
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Chronic interstitial ne	phritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	MAY 6 1937	July 5,1927	Peritonitis	3 days ago
	E SELV. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

uny !

Registration Dist. No. 760

STATE OF MARYLAND-CERTIFICATE OF DEATH state Every item of infor-OCCUPA-1. PLACE OF DEATH plnods J O PHYSICIANS Length of residence in city or town where death occurred statement A. (a) Residence: No (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED write the won 5a, If married, widowed, or divorcad HUSBAND of

Months

St.,	Ward.	If nonresiden	t give city or town	and State
	MEDICAL	CERTIFICATI	OF DEATH	1
21. DAT	E OF DEATH	Afril (Month)	12 5 (Day)	, 193 <u>7</u> (Year)
I last saw	her alive on	BY CERTIF , 1936, to	afril 1	29 198
	CIPAL CAUSE OF DI	EATH and related cau	ses of importance	Date of on
đ	Ste	eiesis.		Earl
Other Con	stributory Causes of in	mportance:	alus	2 11/1
		Claus		
23. If death	was due to external	causes (VIOLENCE)	fill in also tha follow	wing:
Accident,	suicide, or homicide?		Date of injury	, 19
	injury occur? hether Injury occurre	(Specify city o od in INDUSTRY, in H	r town, county and OME, or In PUBLIC	State) PLACE.
Manner of	f Injury			
-			-	

FOR BINDING classified. 0 certificate. properly stated TARGIN RESERVED of back may pluods on so that instructions terms, See in plain carefully important CAUSE OF DEATH mation should very TION is 2 ż

(or) WIFE of

7. AGE

OCCUPATION

FATHER

MOTHER

6. DATE OF BIRTH (month, day, and year)

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____

this occupation (month and

work was done, as SILK MILL, SAW MILL, BANK, etc.____

9. Industry or business in which

10. Date deceased last worked at

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town) (State or country

18. BURIAL, CREMATION, OR REMOVAL

3

3

(State or country)

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(Address)

13. NAME

17. INFORMANT

19. UNDERTAKER (Address)

20. FILED.

Years

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

If LESS tha

1 day .---or min.

11, Total time (yaars)

spent in this

occupation ...

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PART OF S.			
Other contributory causes of importance:		Other contributory causes of importance:	- 9
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

should state

PHYSICIANS

stated EXACTLY.

ORD. Every Lem of infor-

WITH UNFADING INK-THIS IS A PERMANENT RE

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE

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V. S. No. 1

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

1. PLACE OF DEATH	AND CERTIFICATE OF BEATTI
County Somassel	Registration Dist. No. 26/
Village or City Shell Town	NoSt., Ward
Length of residence in city or town where deeth occurred	mos, S ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Skelltown 7. (Usual place of abor	If U. S. Veteran, specify WAR St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (write Survey)	widowed, ie the word) 21. DATE OF DEATH Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. i HEREBY CERTIFY, That I attended deceased from 1936 to Tul 36
6. DATE OF BIRTH (month, day, and year) als 25- 19	914 lest saw h elive on Sul 38, 1937; death is seid
7. AGE Years Months Days I	f LESS than to have occurred on the date stated above, at
23 or	ey,hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Cecul Die 7 News
SAW MILL, BANK, etc.	\
11. Total time (ye spent in it worked at this occupation (month end spent in it occupation)	his
12. BIRTHPLACE (city or town) Shell Town	Other Centributory Causes of importance:
10. Date deceased last worked at this occupation (month end yeer) 12. BIRTHPLACE (city or town) Shell Jown (State or country) 13. NAME Office of Smell Smell	6 Juliany Mullenkons
14. BIRTHPLACE (city or town) Jhelo Tox	Neme of operation
(State of country)	Whet test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME Louis Denni 16. BIRTHPLACE (city or town). Rebotions (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town). Related to Country)	
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Motums Co. Dete May	2,1997 Nature of injury
19. UNDERTAKER Chas H wa	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Marion	If so, specify (Signed Strange Coulding M. I.
20. FILED 101, 192 / June 1010 at	Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	-23		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	St	UP	1
IO	nld	200	
men	sho	of (
. Every	ICIANS	atement	
CORL	PHYS	ct st	
LEC	Y. 1	Exa	
N. B.—WEILE FLAMELI, WITH UNFABING INA—I HIS IS A FERMANENI RECORD. EVERY ITEM OF INF	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP	
IS A FE	stated E	properly	TION is very important. See instructions on back of certificate.
211	be	pe	jo
1-4	plnods	it may	n back
T BNI	AGE	o that	tions o
UNFAD	supplied.	n terms, s	ee instruc
WITH ,	refully	I in plain	tant. S
ITI	be ca	EATE	impon
LLA	plnod	OF D	very
KIIE	tion s	USE	Si NO
D 14	mai	CA	TIC

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4462
1. PLACE OF DEATH	92.00
County Somerset	Registration Dist. No. 260
Village or City Francess Come	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2 - 1 0 1	
2. FULL NAME (XCC J. Solum	If U. S. Veteran, specify WAR
(a) Residence; ND. (Usual place of abode)	St., Ward. tf nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (notice the word)	21. DATE OF DEATH fril 16 1937
5a. If merried, widowed, or divorced	(Month) (Day) (Yeer)
(or) WIFE of Kelen Solum	22. 4 HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) /8 5-3	I last sew have elive on 19 7; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, et 12.3.6 Pm.
84 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Lumber Mill SAWYER, BODKKEEPER, etc.	Data of onset
SAWYER, BODKKEEPER, etc.	Wrome Valoular , 2
work wes done, es SILK MILL, SAW MILL, BANK, etc.	Heart Nearon 1
10. Date deceased last worked et this occupetion (month end 2000) 11. Total time (years) spent in this	
year) occupation occupation	Other Cantributary Causes of importance:
12. BtRTHPLACE (city or town) Subsequence (Stete or country)	
13. NAME 71 0	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country)	What test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) LIBRORY (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Christoffer Salury (Address) Fringer	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Come.	Menner of Injury
Plece Perryhaut Detempil 18, 1937	Nature of Injury
19. UNDERTAKER Dale Dashiell	24. Wes disease or injury is any way related to occupation of deceased?
(Addiess) Princess ann Thel	If so, specify
20. FILED 4-17, 1937 J Amith	(Signed) M. D. (Address)
Regulrar.	(HOULOS)

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Cerebral hemorrhage	MAY 6 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	The second		
Other contributory ca	auses of importance:	-13	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. N Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foreign birth? vrs. statement 2. FULL NAME If U. S. Veteran, specify WAR, (a) Residence: No If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of That I attended deceased_from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months If LESS then to heve occurred on the date stated bove, at 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or Limin. were as follows: Date of onset 8. Trade, profession, or particular CCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... back Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc...... may plnods 10. Date deceased last worked at 11. Total time (years) ŏ this occupation (month and spent in this occupation instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town (State or country) HER 13. NAME FAT See Name of operation. 14. BIRTHPLACE (city or town) ain (State or country) efully d OTHER 15. MAIOEN NAME important. 23. If death was due to external causes (VIQLENCE) fill in also the following: in Accident, suicide, or homicide?_. OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?_. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT mation should (Address) 18. BURIAL CREMADION, OR REDOVA Manner of injury _ CAUSE Nature of Injury. LION 24. Was disease or injury In any way related to occupation of deceased: 19. UNDERTAKER (Address) If so, specif Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. Al No. 1.

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RHDFALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

-WRITE

V. S. No. 1

IARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	7 ·	107.00
County Donier	set	Registration Dist. No. 270
Village or City	Hoccurred unknown (1)	NoSt.,Walf death occurred in a hospital or institution, give its NAME instead of street and number) Sds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Polly (a) Residence: No. Cary	Clus Awaf ild R. H. D (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OF RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Mgnth) (Day) (Jaar)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of	Swiff, Dr.	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Asy 7. AGE Years Months	Days 1 LESS than 1 day,	I last saw h elive on form for the date stated above, at form for the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and	usekæfu	Brondskum
12. BIRTHPLACE (city or town) (Stata or country)	11. Total time (years) spent in this occupation	Dther Coutributory Causes of importance:
II 13. NAME JOHN	iggle	alfornary failing
14. BIRTHPLACE (city or town)	known	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or lown) (Stete or country) 17. INFORMANT (Address)	Swift fr.	23. If death was due to external causes (VIOL ENCE) fill In also tha following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place St. Felers Christian	Date Apr. 9th, 1937	Manner of injury
19. UNDERTAKER S. D. J. Aw (Address) Cristical 20. FILED War 8 , 1937 Lot	leaven	24. Was disease or injury in any way related to occupation of dacaased? If so, specify (Signed) M.
	Registrar.	(Address) - Amfally 1 wa

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrita	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FRIDEAN V.	July 5, 1927	Peritonitis	3 days ago
	A second			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				•

N	E PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	RD. Every	IYSICIANS	statement	
	NT RESO	LY. PH	l. Exact	
	ERMANE	EXACT	classified	e.
	S IS A PI	stated	properly	s very important. See instructions on back of certificate.
	HIS	pe	be	of
	NK-T	should	it may	n back
	ING II	AGE	so that	ctions o
	UNFAI	upplied.	terms,	e instru
	VITH	ully s	plain	t. Se
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AARGIN RESERVED FOR BINDING N. B.—WRITE mation s CAUSE TION is V. S. No. 1

			F MARY	LAND-	CERTIFICATE OF DEATH	465
:	1. PLACE OF	FDEATH	-		<u> </u>	
	County	Somerset			Registration Dist. No. 26	5-
	Village or Ci	ity Crisfi	eld with	N CORPORT	No. 15 27 St. St., f death occurred in a horpital or institution, give its NAME instead of street and n	Ward
		dence in city or town where d			sØds. How long in U.S. if of foreign birth?yrsmo	
:	2. FULL NA	ME Oliver Co	opeland T	10s	If U. S. Veteran, specify WAR	
	(a) Residence	ce: No. I.la	in Street		St., Ward. If nonresident give city or town and	State
almia	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3.	SEX	4. COLOR OR RACE	5. SINGLE, MARRI OR DIVORCED	ED, WIDOWED,	21. DATE OF DEATH 2 & (Month) (Dev)	, 193 7
5e	. If merried, widow HUSBAND of (or) WIFE of	ed, or divorced Emily	Tawes		1 HEREBY CERTIFY, Thet I attended of	deceased from
6.	DATE OF BIRTH (month, dey, and yeer)	Feb 20	1853	last saw harmalive on golf 2 7 1937	
7.	AGE Year	rs Months	Days	If LESS then	to have occurred on the dete steted above, etc., m.	
	80	3	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Data of onset
NOI	8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. Merchant			nt	acul Del of Henry	242
OCCUPATION	Industry or business in which work wes done, es SILK MILL, Ship Chandler SAW MILL, BANK, etc.			ndler	luma,	
Ö	10. Date decease this occupyear)	ed lest worked et 193	5 11. Totel tim spent occup	e (years) ? in this etion		
t2	BIRTHPLACE (cit	y or town) Crisfi	eld		Other Castributary Causes of importance: Olimpo Out rufleds	Suz
2	13. NAME	James H			Clumo myraindelis	- The
FATHER			Crisfie.	1.8	Jenual asles Columns	
_	14. BIRTHPLACE (Stete or		Maryla	nđ	Neme of operation Dete of What test confirmed diegnosis? Was there en a	utopsy?
HER	15. MAIDEN NA	ME Chai	rlotte S	omers	23. If deeth wes due to external causes (VIOLENCE) fill In elso the following	:
MOTHER	16. BIRTHPLACE (State or	(city of town)	isfield ervland		Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17	. INFORMANT (Address)		C Tawes	7	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18		ion, or removal	Date Apri	1 3019 3	Menner of injury	
19	, UNDERTAKER (Address	6 ma Be	odshold had	ew	24. Wes disease or injury In any way releted to occupetion of deceased?	
20	FILED	13D,1939	le & loa	Registrar.	(Signed) Lenge Chillean Market	M. D.

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Chronic interstitial nephritis MAY 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREAU V. S.	<u> </u>		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TALL STREET			
· · · · · · · · · · · · · · · · · · ·			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4467
1. PLACE OF DEATH	(59)
County Somerset	Registration Dist. No. 260
Village or City Monice	No. St., Ward
A PRODUCTION AND A CONTRACTOR OF THE PARTY O	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME alcida White	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowed, or divorced	21. DATE OF DEATH (Day) (Yeer)
HUSBAND OF Huste white	22. 5/9/35 19 to Glass Water 19
6. DATE OF BIRTH (month, day, and year) brees 2 - 1875	liast saw h. C. L. alive on
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the data stated adova, atm.
6 1 1 4 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Deatelles Meblables mich
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (cily or town) Management (State or country)	Other Contributory Causer of importance:
13. NAME James Captes	A
13. NAME Hame Confidence (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Leb Y Chee Was there autopsy? Acta
15. MAIDEN NAME Matilda Latterburg 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Guste White	Where dld injury occur? (Specify only of town, county and State) Specify whether Injury occurred in INDUSTRY, in MOME, or in PUBLIC PLACE
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wenton Date apr 9 , 1933	Nature of Injury
19. UNDERTAKER Chas H word	24. Wes disease or injury in any way releted to occupation of deceased?
20, FILED 4-7 1937 J Druith	If so, specify (Signed) (Address)
If more blanks are needed, address State Registrar.	(Address)

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are being to the second by second by	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1916	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis**	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Peritonitis Other contributory causes of importance:

STATE OF MADVI AND CEPTIFICATE OF DEATH

of infor-	1. PLACE OF DEATH	Registration Dist. No. 261	
y item S sho	Village or City Marion (If Length of residence in city or town where death occurred 29 yrs	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?wrsmosds.	
ORD. Ever PHYSICIAN et statemen	2. FULL NAME William White (a) Residence: No. Marion (Usual place of abode)	St., Ward. If U. S. Veteran, specify WAR	
PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
NT RESOLUTION OF THE PH	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WfDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Modth) (Vear)	
BINDING EXACTI y classified	5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 28, 1937, to 29, 1937	
FOR BINI IS A PERM. stated EX A properly class	6. DATE OF BIRTH (month, day, and year) Dec 17 1886 7. AGE 50 Yaars Months Days 12 If LESS than 1 day,hrs.	to have occurred on the date stated above, at 250 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
SERVED NK—THIS should be it may be	kind of work done, as SPINNER, FATMER SAWYER, BOOKKEEPER, etc. 1. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at APPIL 11. Total time (years) this occupation (month and spent in this	Date of onest Occub Del 7 Hart 29 Occub Marsannlage 29	
ARGIN RESINEADING INFADING INFERENCE AGE FORTH	yaar)	Other Contributory Causes of Importance: Out my lule Other Contributory Causes of Importance: Out my lule And the contributory Causes of Importance:	
MA f U sup in te	14. BIRTHPLACE (city or town) Dames Quarter (State or country) Maryland	Name of operation	
NLY, W be carefu		23. If death was due to external causas (VIOLENCE) fill in also tha following: Accident, sulcida, or homicide?	
TTE PL	New St David Com Det Mary 2 10 37	Mannar of injury	
B.—WRITE mation a CAUSE	19. UNDERTAKER DM A Brods haw	24. Was disease or Injury in any way related to occupation of decaased?	
S. S.	20. FILED 5/1, 1937 Gurelia Blawson	(Signed) designed M. E. (Addrass) M. E. (Addrass)	

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1 V S			
BUKER			
Other contributory causes of importance:	in the	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year